

Exhibit H

4. Which size of The Doctor's® NightGuard™ do you intend to wear?

Small,
medium or
large (circle one).

5. How satisfied are you with The Doctor's® NightGuard™?
Would you say that you are

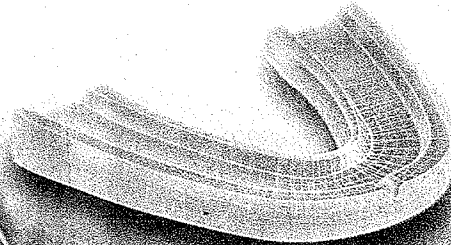
- (a) extremely satisfied,
- (b) very satisfied,
- (c) somewhat satisfied,
- (d) not very satisfied, or
- (e) extremely dissatisfied? (circle one).

6. What would you do to improve The Doctor's® NightGuard™?

Thank you for your most valued input!

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Irvington, NY 10533 USA, a Prestige Brands Company
DC12601

At-Home Fitting Instructions



The Doctor's

NightGuard™

Dental Protector
for Nighttime Teeth Grinding (Bruxism)

www.doctorsnightguard.com

APR-23-2007 18:51

REC & PROC DIV

2027071899 P.02/03

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America



Form TX

For a Non-dramatic Literary Work

UNITED STATES COPYRIGHT OFFICE

TX 6-536-309



EFFECTIVE DATE OF REGISTRATION
4 13 2007
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

The Doctor's® NightGuard™

PREVIOUS OR ALTERNATIVE TITLES ▼

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

a Medtech Products Inc.

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

☒ Yes

☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of P. USA

Domiciled in P.

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" at that part, and leave the space for dates of birth and death blank.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

☐ Yes

☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of P.

Domiciled in P.

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No

Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

☐ Yes

☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of P.

Domiciled in P.

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ No

Pseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2006

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month 09

Day 28

Year 2006

USA

Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Medtech Products Inc.
90 North Broadway, Irvington, New York 01533

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

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ONLINE OF IT RECEIVED

APR 13 2007

FUNDS RECEIVED

MORE ON BACK ▼

• Complete all applicable spaces (numbers 1-5) on the reverse side of this page.
• See detailed instructions. • Sign the form at line 5.

DO NOT WRITE HERE

Page 1 of 1 pages

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2027071899 P.03/03

EXAMINED BY DS

FORM TX

CHECKED BY

☐ CORRESPONDENCE
☐ Yes
FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.)
a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☐ This is the first application submitted by this author as copyright claimant.c. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give Previous Registration Number

Year of Registration

5

DERIVATIVE WORK OR COMPILATION

Presenting Material Identify any preexisting work or works that this work is based on or incorporates.

a 6

See instructions
before completing
this space

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name

Account Number

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip

b

Area code and daytime telephone number

Fax number

E-mail

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one

- ☐
- author
-
- ☐
- other copyright claimant
-
- ☐
- owner of exclusive rights

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

☒ Authorized agent of Medtech Products Inc.

Name of author or other copyright claimant, or owner of exclusive right(s)

8

Typed or printed name and date If this application gives a date of publication in space 3, do not sign and submit it before that date.

Micheline Kelly Johnson

Date March 20, 2007

Handwritten signature

Certificate
will be
mailed in
window
envelope
to this
address:

Name

Micheline Johnson: Baker, Donelson, Bearman, Caldwell & Berkowitz

Number/Street

633 Chestnut St., 1800 Republic Centre

City/State/Zip

Chattanooga, TN 37450-1800

• Complete all necessary spaces
• Sign your application in space 8

1. Application form
2. Nonrefundable filing fee in check or money
order payable to Registrar of Copyrights
3. Deposit material

U.S. Copyright Office
101 Independence Avenue SE
Washington, DC 20540-4222

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17 USC §506(a): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 402, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

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TOTAL P.03